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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
125 High Street  
High Street Tower  
Boston, MA 02110

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Christina P. Andrews

(Depositor's name)

Christina P. Andrews

(Signature)

October 2, 03

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/928,102	08/10/2001	Thomas T. Perls	BIT-001(1538/47)	6355

TITLE OF INVENTION: GENETIC LOCI INDICATIVE OF PROPENSITY FOR LONGEVITY AND METHODS FOR IDENTIFYING PROPENSITY FOR AGE-RELATED DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	10/03/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MYERS, CARLA J	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Testa, Hurwitz  
& Thibault, LLP  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Children's Medical Center Corporation  
The Beth Israel Deaconess Medical Center

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Boston, MA 02115  
Boston, MA 02215

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed. \$965.00☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0531 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Christina P. Andrews

(Date)

10/02/2003

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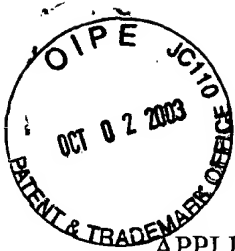
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Perls *et al.* DOCKET NO.: BIT-001 (1538/47)  
SERIAL NO.: 09/928,102 GROUP NO.: 1634  
FILING DATE: August 10, 2001 EXAMINER: Carla J. Myers  
TITLE: GENETIC LOCI INDICATIVE OF PROPENSITY FOR LONGEVITY  
AND METHODS FOR IDENTIFYING PROPENSITY FOR AGE-  
RELATED DISEASE

MAIL STOP ISSUE FEE  
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P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL OF ISSUE FEE**

Sir:

We enclose a completed copy of the Part-B Issue Fee Transmittal (Form PTOL-85), and a check in the amount of \$965.00, for the above-identified patent application.

Please note that Formal Drawings were received by the U.S. Patent and Trademark Office in the above-identified patent application on February 27, 2002. Applicant hereby requests that the Formal Drawings be published in the issued patent.

Respectfully submitted,

Jeremy P. Oczek  
Attorney for Applicants  
Testa, Hurwitz, & Thibeault, LLP  
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Boston, Massachusetts 02110

Date: October 2, 2003  
Reg. No. 50,749

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